

09/830946

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		6	9-5-01
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	1/5/83
2	1	1	1/5/83
3	1	1	1/5/83
4	1	1	1/5/83
5	1	1	1/5/83
6	1	1	1/5/83
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16	1	1	1/5/83
17	1	1	1/5/83
18	1	1	1/5/83
19	✓	1	1/5/83
20	✓	1	1/5/83
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49	1	1	1/5/83
50	1	1	1/5/83

Claim	Final	Original	Date
51	✓	1	1/5/83
52	1	1	1/5/83
53	1	1	1/5/83
54	1	1	1/5/83
55	J	1	1/5/83
56	1	1	1/5/83
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73	J	1	1/5/83
74	J	1	1/5/83
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100	1	1	1/5/83

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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